



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2003
of the Condition and Affairs of the

Imerica Life and Health Insurance Company
(formerly The First Pyramid Life Insurance
Company of America)

NAIC Group Code..... 876,	876	NAIC Company Code..... 63533	Employer's ID Number..... 71-0655804
(Current Period) (Prior Period)			
Organized under the Laws of Arkansas	State of Domicile or Port of Entry Arkansas	Country of Domicile US	
Licensed as Business Type			
Is HMO Federally Qualified? Yes [] No []			
Date Incorporated or Organized..... July 20, 1925		Date Commenced Business..... August 8, 1925	
Statutory Home Office	3501 Frontage Road, Suite 300 Tampa FL 33607 (Street and Number) (City or Town, State and Zip Code)		
Main Administrative Office	3501 Frontage Road, Suite 300 Tampa FL 33607 (Street and Number) (City or Town, State and Zip Code)		813-286-7533 (Area Code) (Telephone Number)
Mail Address	3501 Frontage Road, Suite 300 Tampa FL 33607 (Street and Number or P. O. Box) (City or Town, State and Zip Code)		
Primary Location of Books and Records	3501 Frontage Road, Suite 300 Tampa FL 33607 (Street and Number) (City or Town, State and Zip Code)		812-286-7533 (Area Code) (Telephone Number)
Internet Website Address	www.imerica.com		
Statutory Statement Contact	Matthew Robert Cassell (Name) mcassell@imerica.com (E-Mail Address)		813-286-7533 (Area Code) (Telephone Number) (Extension) 813-287-1371 (Fax Number)
Policyowner Relations Contact (Street and Number) (City or Town, State and Zip Code)		(Area Code) (Telephone Number) (Extension)

OFFICERS

President Michael Ashker	Treasurer Matthew Robert Cassell	Secretary Michael Griffin Hankinson
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VICE PRESIDENTS

John Robert Cramer	Leanne Kathy Jansen	Harvey Pollack	Jennifer Watson Seitz
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DIRECTORS OR TRUSTEES

Michael Asker	Jeffery William Bak	Jeffrey Ryan Crisan	James Nahirny
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State of.....
County of.....

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Signature Michael Ashker (Printed Name)	Signature Michael Griffin Hankinson (Printed Name)	Signature Matthew Robert Cassell (Printed Name)
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Subscribed and sworn to before me this

.....day of, 2004
.....

a. Is this an original filing? Yes [X] No []
b. If no: 1. State the amendment number
2. Date filed.....

Ex. 3
NONE

Ex. 4
NONE

Ex. 5
NONE

Ex. 6
NONE

Ex. 7
NONE

Ex. 8-Pt.1
NONE

Ex. 8-Pt.2
NONE

Ex. 9
NONE

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF ALASKA DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

35.AK

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

35.AL

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

35.AR

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America) 2. Tampa, FL

BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR (Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America) 2. Tampa, FL

BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR (Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

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(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

35.GT

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America) 2. Tampa, FL

BUSINESS IN THE STATE OF HAWAII DURING THE YEAR (Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

35.ID

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

35.KS

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

35.KY

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

35.MD

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

35.MO

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America) 2. Tampa, FL

BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR (Location)

NAIC Group Code.....876

NAIC Company Code.....63533

35.MS

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

35.MT

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

35.NC

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

35.ND

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America) 2. Tampa, FL

BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR (Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

35.NM

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF OHIO DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

35.OK

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF OREGON DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

35. OR

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

35.TX

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF UTAH DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

35.UT

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

35.VA

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

35.WA

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

35.WV

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior year.....	0												
2. First quarter.....	0												
3. Second quarter.....	0												
4. Third quarter.....	0												
5. Current year.....	0												
6. Current year member months.....	0												
Total Member Ambulatory Encounters for Year:													
7. Physician.....	0												
8. Non-physician.....	0												
9. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0												
11. Number of inpatient admissions.....	0												
12. Health premiums collected.....	0												
13. Life premiums direct.....	0												
14. Property/casualty premiums written.....	0												
15. Health premiums earned.....	0												
16. Property/casualty premiums earned.....	0												
17. Amount paid for provision of health care services.....	0												
18. Amount incurred for provision of health care services.....	0												

NONE

35.WY

(a) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

SCHEDULE A - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value, December 31, prior year (prior year statement).....	
2.	Increase (decrease) by adjustment:	
2.1	Totals, Part 1, Column 10.....	
2.2	Totals, Part 3, Column 7.....	
3.	Cost of acquired (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)).....	
4.	Cost of additions and permanent improvements:	
4.1	Totals, Part 1, Column 13.....	
4.2	Totals, Part 3, Column 9.....	
5.	Total profit (loss) on sales, Part 3, Column 14.....	
6.	Increase (decrease) by foreign exchange adjustment:	
6.1	Totals, Part 1, Column 11.....	
6.2	Totals, Part 3, Column 8.....	
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 12.....	
8.	Book/adjusted carrying value at end of current period.....	0
9.	Total valuation allowance.....	
10.	Subtotal (Lines 8 plus 9).....	0
11.	Total nonadmitted amounts.....	
12.	Statement value, current period (Page 2, real estate lines, current period).....	0

NONE

SCHEDULE B - VERIFICATION BETWEEN YEARS

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year.....	
2.	Amount loaned during year:	
2.1	Actual cost at time of acquisitions.....	
2.2	Additional investment made after acquisitions.....	0
3.	Accrual of discount and mortgage interest points and commitment fees.....	
4.	Increase (decrease) by adjustment.....	
5.	Total profit (loss) on sale.....	
6.	Amounts paid on account or in full during the year.....	
7.	Amortization of premium.....	
8.	Increase (decrease) by foreign exchange adjustment.....	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period.....	0
10.	Total valuation allowance.....	
11.	Subtotal (Lines 9 plus 10).....	0
12.	Total nonadmitted amounts.....	
13.	Statement value of mortgages owned at end of current period.....	0

NONE

SCHEDULE BA - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year.....	0
2.	Cost of acquisitions during year:	
2.1	Actual cost at time of acquisitions.....	
2.2	Additional investment made after acquisitions.....	0
3.	Accrual of discount.....	
4.	Increase (decrease) by adjustment.....	
5.	Total profit (loss) on sale.....	
6.	Amounts paid on account or in full during the year.....	
7.	Amortization of premium.....	
8.	Increase (decrease) by foreign exchange adjustment.....	
9.	Book/adjusted carrying value of long-term invested assets at end of current period.....	0
10.	Total valuation allowance.....	
11.	Subtotal (Lines 9 plus 10).....	0
12.	Total nonadmitted amounts.....	
13.	Statement value of long-term invested assets at end of current period.....	0

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1.	U.S. Governments, Schedules D & DA (Group 1)											
1.1	Class 1.....	603,339	2,358,152				2,961,491	99.0	8,141,491	82.6	2,961,491	
1.2	Class 2.....						0	0.0				
1.3	Class 3.....						0	0.0				
1.4	Class 4.....						0	0.0				
1.5	Class 5.....						0	0.0				
1.6	Class 6.....						0	0.0				
1.7	Totals.....	603,339	2,358,152	0	0	0	2,961,491	99.0	8,141,491	82.6	2,961,491	0
2.	All Other Governments, Schedules D & DA (Group 2)											
2.1	Class 1.....						0	0.0				
2.2	Class 2.....						0	0.0				
2.3	Class 3.....						0	0.0				
2.4	Class 4.....						0	0.0				
2.5	Class 5.....						0	0.0				
2.6	Class 6.....						0	0.0				
2.7	Totals.....	0	0	0	0	0	0	0.0	0		0	0
3.	States, Territories and Possessions, etc., Guaranteed, Schedules D & DA (Group 3)											
3.1	Class 1.....						0	0.0				
3.2	Class 2.....						0	0.0				
3.3	Class 3.....						0	0.0				
3.4	Class 4.....						0	0.0				
3.5	Class 5.....						0	0.0				
3.6	Class 6.....						0	0.0				
3.7	Totals.....	0	0	0	0	0	0	0.0	0		0	0
4.	Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1	Class 1.....						0	0.0				
4.2	Class 2.....						0	0.0				
4.3	Class 3.....						0	0.0				
4.4	Class 4.....						0	0.0				
4.5	Class 5.....						0	0.0				
4.6	Class 6.....						0	0.0				
4.7	Totals.....	0	0	0	0	0	0	0.0	0		0	0
5.	Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1	Class 1.....						0	0.0				
5.2	Class 2.....						0	0.0				
5.3	Class 3.....						0	0.0				
5.4	Class 4.....						0	0.0				
5.5	Class 5.....						0	0.0				
5.6	Class 6.....						0	0.0				
5.7	Totals.....	0	0	0	0	0	0	0.0	0		0	0

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusting Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Class 1.....						0	0.0				
6.2 Class 2.....						0	0.0				
6.3 Class 3.....						0	0.0				
6.4 Class 4.....						0	0.0				
6.5 Class 5.....						0	0.0				
6.6 Class 6.....						0	0.0				
6.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Class 1.....	30,244					30,244	1.0	1,718,307	17.4	30,244	
7.2 Class 2.....						0	0.0				
7.3 Class 3.....						0	0.0				
7.4 Class 4.....						0	0.0				
7.5 Class 5.....						0	0.0				
7.6 Class 6.....						0	0.0				
7.7 Totals.....	30,244	0	0	0	0	30,244	1.0	1,718,307	17.4	30,244	0
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Class 1.....						0	0.0				
8.2 Class 2.....						0	0.0				
8.3 Class 3.....						0	0.0				
8.4 Class 4.....						0	0.0				
8.5 Class 5.....						0	0.0				
8.6 Class 6.....						0	0.0				
8.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Class 1.....						0	0.0				
9.2 Class 2.....						0	0.0				
9.3 Class 3.....						0	0.0				
9.4 Class 4.....						0	0.0				
9.5 Class 5.....						0	0.0				
9.6 Class 6.....						0	0.0				
9.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1.....	633,583	2,358,152	0	0	0	2,991,735	100.0	XXX	XXX	2,991,735	0
10.2 Class 2.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.3 Class 3.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Class 4.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.5 Class 5.....	0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
10.6 Class 6.....	0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
10.7 Totals.....	633,583	2,358,152	0	0	0	(b) 2,991,735	100.0	XXX	XXX	2,991,735	0
10.8 Line 10.7 as a % of Col. 6.....	21.2	78.8	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Class 1.....	6,453,759	3,406,039				XXX	XXX	9,859,798	100.0	9,859,798	
11.2 Class 2.....						XXX	XXX	0	0.0		
11.3 Class 3.....						XXX	XXX	0	0.0		
11.4 Class 4.....						XXX	XXX	0	0.0		
11.5 Class 5.....						XXX	XXX	(c) 0	0.0		
11.6 Class 6.....						XXX	XXX	(c) 0	0.0		
11.7 Totals.....	6,453,759	3,406,039	0	0	0	XXX	XXX	(b) 9,859,798	100.0	9,859,798	0
11.8 Line 11.7 as a % of Col. 8.....	65.5	34.5	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Class 1.....	633,583	2,358,152				2,991,735	100.0	9,859,798	100.0	2,991,735	XXX
12.2 Class 2.....						0	0.0	0	0.0	0	XXX
12.3 Class 3.....						0	0.0	0	0.0	0	XXX
12.4 Class 4.....						0	0.0	0	0.0	0	XXX
12.5 Class 5.....						0	0.0	0	0.0	0	XXX
12.6 Class 6.....						0	0.0	0	0.0	0	XXX
12.7 Totals.....	633,583	2,358,152	0	0	0	2,991,735	100.0	9,859,798	100.0	2,991,735	XXX
12.8 Line 12.7 as a % of Col. 6.....	21.2	78.8	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10.....	21.2	78.8	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Class 1.....						0	0.0	0	0.0	XXX	0
13.2 Class 2.....						0	0.0	0	0.0	XXX	0
13.3 Class 3.....						0	0.0	0	0.0	XXX	0
13.4 Class 4.....						0	0.0	0	0.0	XXX	0
13.5 Class 5.....						0	0.0	0	0.0	XXX	0
13.6 Class 6.....						0	0.0	0	0.0	XXX	0
13.7 Totals.....	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6.....	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10.....	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

- (a) Includes \$.....0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
- (b) Includes \$.....0 current year, \$.....0 prior year of bonds with Z designations and \$.....0 current year, \$.....0 prior year of bonds with Z* designation. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class are under regulatory review.
- (c) Includes \$.....0 current year, \$.....0 prior year of bonds with 5* designations and \$.....0 current year, \$.....0 prior year of bonds with 6* designation. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

	1	2	3	4	5	6	7	8	9	10	11
Distribution by Type	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Column 6 as a % of Line 10.7	Total from Column 6 Prior Year	% from Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed
1. U.S. Governments, Schedules D & DA (Group 1)											
1.1 Issuer Obligations.....	603,339	2,358,152				2,961,491	99.0	8,141,491	82.6	2,961,491	
1.2 Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0				
1.7 Totals.....	603,339	2,358,152	0	0	0	2,961,491	99.0	8,141,491	82.6	2,961,491	0
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Issuer Obligations.....						0	0.0				
2.2 Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3 Defined.....						0	0.0				
2.4 Other.....						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
2.5 Defined.....						0	0.0				
2.6 Other.....						0	0.0				
2.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0
3. States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 3)											
3.1 Issuer Obligations.....						0	0.0				
3.2 Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3 Defined.....						0	0.0				
3.4 Other.....						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
3.5 Defined.....						0	0.0				
3.6 Other.....						0	0.0				
3.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Issuer Obligations.....						0	0.0				
4.2 Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3 Defined.....						0	0.0				
4.4 Other.....						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
4.5 Defined.....						0	0.0				
4.6 Other.....						0	0.0				
4.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0
5. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1 Issuer Obligations.....						0	0.0				
5.2 Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3 Defined.....						0	0.0				
5.4 Other.....						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
5.5 Defined.....						0	0.0				
5.6 Other.....						0	0.0				
5.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

Distribution by Type		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
6.	Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1	Issuer Obligations.....						0	0.0				
6.2	Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0				
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3	Defined.....						0	0.0				
6.4	Other.....						0	0.0				
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
6.5	Defined.....						0	0.0				
6.6	Other.....						0	0.0				
6.7	Totals.....	0	0	0	0	0	0	0.0	0		0	0
7.	Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1	Issuer Obligations.....	30,244					30,244	1.0	1,718,307	17.4	30,244	
7.2	Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0				
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3	Defined.....						0	0.0				
7.4	Other.....						0	0.0				
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
7.5	Defined.....						0	0.0				
7.6	Other.....						0	0.0				
7.7	Totals.....	30,244	0	0	0	0	30,244	1.0	1,718,307	17.4	30,244	0
8.	Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1	Issuer Obligations.....						0	0.0				
8.7	Totals.....	0	0	0	0	0	0	0.0	0		0	0
9.	Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1	Issuer Obligations.....						0	0.0				
9.2	Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0				
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3	Defined.....						0	0.0				
9.4	Other.....						0	0.0				
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
9.5	Defined.....						0	0.0				
9.6	Other.....						0	0.0				
9.7	Totals.....	0	0	0	0	0	0	0.0	0		0	0

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

Distribution by Type		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10.	Total Bonds Current Year											
10.1	Issuer Obligations.....	633,583	2,358,152	0	0	0	2,991,735	100.0	XXX	XXX	2,991,735	0
10.2	Single Class Mortgage-Backed/Asset-Backed Securities.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3	Defined.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4	Other.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
10.5	Defined.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6	Other.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7	Totals.....	633,583	2,358,152	0	0	0	2,991,735	100.0	XXX	XXX	2,991,735	0
10.8	Line 10.7 as a % of Col. 6.....	21.2	78.8	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11.	Total Bonds Prior Year											
11.1	Issuer Obligations.....	6,453,759	3,406,039				XXX	XXX	9,859,798	100.0	9,859,798	
11.2	Single Class Mortgage-Backed/Asset-Backed Securities.....						XXX	XXX	0	0.0		
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3	Defined.....						XXX	XXX	0	0.0		
11.4	Other.....						XXX	XXX	0	0.0		
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
11.5	Defined.....						XXX	XXX	0	0.0		
11.6	Other.....						XXX	XXX	0	0.0		
11.7	Totals.....	6,453,759	3,406,039	0	0	0	XXX	XXX	9,859,798	100.0	9,859,798	0
11.8	Line 11.7 as a % of Col. 8.....	65.5	34.5	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12.	Total Publicly Traded Bonds											
12.1	Issuer Obligations.....	633,583	2,358,152				2,991,735	100.0	9,859,798	100.0	2,991,735	XXX
12.2	Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0	0	0.0	0	XXX
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3	Defined.....						0	0.0	0	0.0	0	XXX
12.4	Other.....						0	0.0	0	0.0	0	XXX
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
12.5	Defined.....						0	0.0	0	0.0	0	XXX
12.6	Other.....						0	0.0	0	0.0	0	XXX
12.7	Totals.....	633,583	2,358,152	0	0	0	2,991,735	100.0	9,859,798	100.0	2,991,735	XXX
12.8	Line 12.7 as a % of Col. 6.....	21.2	78.8	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9	Line 12.7 as a % of Line 10.7, Col. 6, Section 10.....	21.2	78.8	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13.	Total Privately Placed Bonds											
13.1	Issuer Obligations.....						0	0.0	0	0.0	XXX	0
13.2	Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0	0	0.0	XXX	0
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3	Defined.....						0	0.0	0	0.0	XXX	0
13.4	Other.....						0	0.0	0	0.0	XXX	0
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
13.5	Defined.....						0	0.0	0	0.0	XXX	0
13.6	Other.....						0	0.0	0	0.0	XXX	0
13.7	Totals.....	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8	Line 13.7 as a % of Col. 6.....	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9	Line 13.7 as a % of Line 10.7, Col. 6, Section 10.....	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

SCHEDULE DA - PART 2

Verification of SHORT-TERM INVESTMENTS Between Years

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, prior year.....	5,679,112	5,679,112			
2. Cost of short-term investments acquired.....	8,916,762	8,916,762			
3. Increase (decrease) by adjustment.....	3,700	3,700			
4. Increase (decrease) by foreign exchange adjustment.....	0				
5. Total profit (loss) on disposal of short-term investments.....	0				
6. Consideration received on disposal of short-term investments.....	14,569,329	14,569,329			
7. Book/adjusted carrying value, current year.....	30,245	30,245	0	0	0
8. Total valuation allowance.....	0				
9. Subtotal (Lines 7 plus 8).....	30,245	30,245	0	0	0
10. Total nonadmitted amounts.....	0				
11. Statement value (Lines 9 minus 10).....	30,245	30,245	0	0	0
12. Income collected during year	21,302	21,302			
13. Income earned during year.....	16,060	16,060			

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:.....

Sch. DB-Pt.A-Verification Between Years
NONE

Sch. DB-Pt.B-Verification Between Years
NONE

Sch. DB-Pt.C-Verification Between Years
NONE

Sch. DB-Pt.D-Verification Between Years
NONE

Sch. DB-Pt.E-Verification
NONE

Sch. DB-Pt. F-Sn. 1
NONE

Sch. DB-Pt. F-Sn. 2
NONE

Sch. S-Pt. 1-Sn. 2
NONE

Sch. S-Pt. 2
NONE

Sch. S-Pt. 3-Sn. 2
NONE

Sch. S-Pt. 4
NONE

SCHEDULE S - PART 5

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2003	2 2002	3 2001	4 2000	5 1999
A. OPERATIONS ITEMS					
1. Premiums.....		179	265	236	151
2. Title XVIII - Medicare.....					
3. Title XIX - Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....		(71)	67	(11)	27
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....		12	83	15	27
8. Reinsurance recoverable on paid losses.....					
9. Experience rating refunds due or unpaid.....					
10. Commissions and reinsurance expense allowances unpaid.....					
11. Unauthorized reinsurance offset.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....					
13. Letters of credit (L).....					
14. Trust agreements (T).....					
15. Other (O).....					

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10).....	7,271,835		7,271,835
2. Accident and health premiums due and unpaid (Line 12).....			.0
3. Amounts recoverable from reinsurers (Line 13.1).....			.0
4. Net credit for ceded reinsurance.....	XXX		.0
5. All other admitted assets (balance).....	101,595		101,595
6. Totals assets (Line 26).....	7,373,430	.0	7,373,430
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....			.0
8. Accrued medical incentive pool and bonus payments (Line 2).....			.0
9. Premiums received in advance (Line 8).....			.0
10. Reinsurance in unauthorized companies (Line 18).....			.0
11. All other liabilities (balance).....	11,395		11,395
12. Total liabilities (Line 22).....	11,395	.0	11,395
13. Total capital and surplus (Line 30).....	7,362,035	XXX	7,362,035
14. Total liabilities, capital and surplus (Line 31).....	7,373,430	.0	7,373,430
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid.....	.0		
16. Accrued medical incentive pool.....	.0		
17. Premiums received in advance.....	.0		
18. Reinsurance recoverable on paid losses.....	.0		
19. Other ceded reinsurance recoverables.....	.0		
20. Total ceded reinsurance recoverables.....	.0		
21. Premiums receivable.....	.0		
22. Unauthorized reinsurance.....	.0		
23. Other ceded reinsurance payables/offsets.....	.0		
24. Total ceded reinsurance payables/offsets.....	.0		
25. Total net credit for ceded reinsurance.....	.0		

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

SCHEDULE Y (Continued)

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
83470.....	71-0226428.....	Arkansas Blue Cross and Blue Shield.....					(9,606,246)	(14,233,831)			(23,840,077)	(7,658,178)
	71-0525643.....	Educational Benefits, Inc.....	(178,261)				(211,783)				(390,044)	
	71-0628367.....	Group Service Underwriters, Inc.....					(1,093,431)				(1,093,431)	
63533.....	71-0655804.....	First Pyramid Life Insurance Company.....					1,082,976				1,082,976	
95442.....	71-0747497.....	HMO Partners, Inc.....	(373,755)				10,327,692	13,354,943			23,308,880	6,697,572
	71-0246079.....	USAbble Corp.....	777,543								777,543	
94358.....	71-0505232.....	USAbble Life.....	(225,527)				(1,078,085)	878,888			(424,724)	960,606
	71-0653848.....	Select Data Services.....					578,877				578,877	
9999999.....	Control Totals.....		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING		RESPONSES
1.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	Yes
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
3.	Will an actuarial certification be filed with this statement by March 1?	Yes
4.	Will the Risk-Based Capital Report be filed with the NAIC by March 1?	Yes
5.	Will the Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	Yes
6.	Will the SVO Compliance Certification be filed by March 1?	Yes
7.	Will the Life Supplement be filed with the state of domicile and the NAIC by March 1?	Yes
8.	Will the Property/Casualty Supplement be filed with the state of domicile and the NAIC by March 1?	Yes
APRIL FILING		
9.	Will Management's Discussion and Analysis be filed by April 1?	Yes
10.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1?	Yes
11.	Will the Investment Risk Interrogatories be filed by April 1?	Yes
JUNE FILING		
12.	Will an audited financial report be filed by June 1 with the state of domicile?	Yes

EXPLANATIONS:

BAR CODE:

Overflow Page (Portrait)
NONE

Overflow Page (Landscape)
NONE



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Alaska

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.AK



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Alabama

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

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MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Arkansas

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

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MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....American Samoa

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.AS



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Arizona

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.AZ



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
FOR THE STATE OF.....

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.BK



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....California

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Colorado

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Connecticut

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.CT



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....District of Columbia

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.DC



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Delaware

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.DE



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Florida

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.FL



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Georgia

NAIC Group Code.....876

NAIC Company Code.....63533

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

Telephone Number.....

Title.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.GA



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Guam

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Hawaii

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.HI



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Iowa

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.IA



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Idaho

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.ID



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Illinois

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.IL



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Indiana

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.IN



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Kansas

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.KS



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Kentucky

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.KY



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Louisiana

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.LA



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Massachusetts

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Maryland

NAIC Group Code.....876

NAIC Company Code.....63533

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

Telephone Number.....

Title.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.MD



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Maine

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Michigan

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Minnesota

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.MN



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OFMissouri

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.MO



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Mississippi

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.MS



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Montana

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.MT



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....North Carolina

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....North Dakota

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.ND



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Nebraska

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.NE



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....New Hampshire

NAIC Group Code.....876

NAIC Company Code.....63533

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

Telephone Number.....

Title.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.NH



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....New Jersey

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.NJ



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....New Mexico

NAIC Group Code.....876

NAIC Company Code.....63533

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

Telephone Number.....

Title.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.NM



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Nevada

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.NV



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....New York

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.NY



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Ohio

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.OH



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Oklahoma

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.OK



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Oregon

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.0R



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Pennsylvania

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.PA



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Puerto Rico

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.PR



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Rhode Island

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.RI



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....South Carolina

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.SC



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....South Dakota

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.SD



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Tennessee

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.TN



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Texas

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.TX



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Utah

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.UT



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Virginia

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.VA



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....U.S. Virgin Islands

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.VI



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Vermont

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.VT



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Washington

NAIC Group Code.....876

NAIC Company Code.....63533

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

Telephone Number.....

Title.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MED360.WA



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Wisconsin

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....West Virginia

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Wyoming

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000				Policies Issued in 2001, 2002 & 2003			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".



LIFE SUPPLEMENTS

NONE

TO BE FILED ON OR BEFORE MARCH 1

For the Year Ended December 31, 2003

merica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company

ADDRESSTampa FL 33607

NAIC Group Code.....876 NAIC Company Code.....63533 Employer's ID Number.....71-0655804

Ex. 5-Aggregate Reserve for Life Contracts
NONE

Ex. 5-Interrogatories
NONE

Ex. 7-Deposit-Type Contracts
NONE

Sch. S-Pt. 1-Sn. 1
NONE

Sch. S-Pt. 3-Sn. 1
NONE



DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR
NAIC Group Code.....876 NAIC Company Code.....63533

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					0
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....		0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

NONE

DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid.....0		0		0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....0		0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....0		0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....0		0	0	(a).....0	0	0	0	0	0	0

NONE

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

**Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance
Overflow Page for Write-Ins**



PROPERTY/CASUALTY SUPPLEMENTS

NONE

TO BE FILED IN NOVEMBER BEFORE MARCH 1

For the Year Ended December 31, 2003

merica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company

ADDRESSTampa FL 33607

NAIC Group Code.....876 NAIC Company Code.....63533 Employer's ID Number.....71-0655804

Sch. F-Pt. 1
NONE

Sch. F-Pt. 3
NONE

Sch. P-Pt. 1-Summary
NONE

Sch. P-Pt. 1A
NONE

Sch. P-Pt. 1B
NONE

Sch. P-Pt. 1C
NONE

Sch. P-Pt. 1D
NONE

Sch. P-Pt. 1E
NONE

Sch. P-Pt. 1F-Sn. 1
NONE

Sch. P-Pt. 1F-Sn. 2
NONE

Sch. P-Pt. 1G
NONE

Sch. P-Pt. 1H-Sn. 1
NONE

Sch. P-Pt. 1H-Sn. 2
NONE

Sch. P-Pt. 1I
NONE

Sch. P-Pt. 1J
NONE

Sch. P-Pt. 1K
NONE

Sch. P-Pt. 1L
NONE

Sch. P-Pt. 1M
NONE

Sch. P-Pt. 1N
NONE

Sch. P-Pt. 1O
NONE

Sch. P-Pt. 1P
NONE

Sch. P-Pt. 1R-Sn. 1
NONE

Sch. P-Pt. 1R-Sn. 2
NONE

Sch. P-Pt. 1S
NONE

Sch. P-Pt. 2-Summary
NONE

Sch. P-Pt. 2A
NONE

Sch. P-Pt. 2B
NONE

Sch. P-Pt. 2C
NONE

Sch. P-Pt. 2D
NONE

Sch. P-Pt. 2E
NONE

Sch. P-Pt. 2F-Sn. 1
NONE

Sch. P-Pt. 2F-Sn. 2
NONE

Sch. P-Pt. 2G
NONE

Sch. P-Pt. 2H-Sn. 1
NONE

Sch. P-Pt. 2H-Sn. 2
NONE

Sch. P-Pt. 2I
NONE

Sch. P-Pt. 2J
NONE

Sch. P-Pt. 2K
NONE

Sch. P-Pt. 2L
NONE

Sch. P-Pt. 2M
NONE

Sch. P-Pt. 2N
NONE

Sch. P-Pt. 2O
NONE

Sch. P-Pt. 2P
NONE

Sch. P-Pt. 2R-Sn. 1
NONE

Sch. P-Pt. 2R-Sn. 2
NONE

Sch. P-Pt. 2S
NONE

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....876 NAIC Company Code...63533

BUSINESS IN GRAND TOTAL DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical malpractice.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A & H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A & H (b).....												
15.3 Guaranteed renewable A & H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 All other A & H (b).....												
15.7 Federal employees health benefits program premium (b).....												
16. Workers' compensation.....												
17. Other liability.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....												
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
33. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	0

DETAILS OF WRITE-INS

3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.0.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.0 and number of persons insured under indemnity only products.0.

PS32.GT

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)
Overflow Page for Write-Ins